

[] Other: _____

INSURANCE FAIR CONDUCT ACT

20 DAY NOTIFICATION SHEET

	,
Attn:	Submitted by:
Office of the Insurance Commissioner * Insurance Fair Conduct Act Claim Notification Office Support Unit P.O. Box 40257 Olympia, WA 98504-0257 *Per RCW 48.30.015 (8) Notice must be provided by regular mail, registered mail, or certified mail with return receipt requested.	Name: Law Office: Address Phone Email Date
 If you want to sue your insurance company under the Insurance Fair Conduct Act: ✓ Complete and submit this 20 day notification sheet stating your intent and its basis to:	
Complainant/Insured:	
Line of Insurance:	
Reason for claim: [] WAC 284-30-330, "Specific Unfair Claims Settlement Practices Defined";	
[] WAC 284-30-350, "Misrepresentation of Policy Provisions";	
[] WAC 284-30-360, "Failure to Acknowledge Pertinent Communications";	
[] WAC 284-30-370, "Standards for Prompt Investigation of Claims";	
[] WAC 284-30-380, "Standards for Prompt, Fair and Equitable Settlements Applicable to All Insurers";	
[] An unfair claims settlement practice rule adopted and codinate Administrative Code by the insurance commissioner intended Act; or	
[] RCW 48.30 for unreasonably denying a claim for coverage or payment of benefits under the Insurance Fair Conduct Act.	